

# **EXHIBIT C**

VW

## APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE – EQUAL OPPORTUNITY EMPLOYER

Date

5/12/16

Position Desired <b>SALES MANAGER</b>	<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Salary Required	Available Date
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WE ARE AN EQUAL OPPORTUNITY EMPLOYER  
APPLICANT'S STATEMENT

I understand that this application will be given every consideration, but is not a promise of employment

I UNDERSTAND THAT IF I AM HIRED, MY EMPLOYMENT WILL BE FOR NO DEFINITE PERIOD, REGARDLESS OF THE PERIOD OF PAYMENT OF MY WAGES, I FURTHER UNDERSTAND THAT I HAVE THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME WITH OR WITHOUT NOTICE, AND THE COMPANY HAS THE SAME RIGHT. NO ONE OTHER THAN AN AUTHORIZED REPRESENTATIVE OF THE COMPANY HAS AUTHORITY TO MODIFY THIS RELATIONSHIP OR TO MAKE ANY AGREEMENT TO THE CONTRARY. ANY SUCH MODIFICATION OR AGREEMENT MUST BE IN WRITING.

I understand that the Company reserves the right to require me to submit to a medical examination, including a drug/alcohol test, prior to employment and at any time during my employment, to the extent permitted by law

I understand that, in connection with this application for employment, consumer reports or investigative reports (which may contain public record information) may be requested. Such reports may include, but are not limited to the following: consumer credit, criminal records, driving records, education, current and prior employer verification. Further, I understand that such requested reports will include information from various Federal, State, Local and other Agencies, which contain my past activities.

I understand that I have the right to make a written request within a reasonable period of time to receive detailed information about the nature and scope of this investigation. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records pertinent to my employment with them. In addition to authorizing the release of any information regarding employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees and representatives, as well as other individuals who release information to the Company, and release them from any and all liabilities, claims or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

I hereby state that all of the information that I provide on this application for employment and in any interview is true and accurate. I understand that in the event I am employed and any such information is later found to be false in any respect, I may be dismissed.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT

Signature of Applicant

AS

Applicant's Initials

AS

Applicant's Initials

AS

Applicant's Initials

AS

Applicant's Initials

AS

Applicant's Initials

5/12/16

Date

## PERSONAL DATA (Please Print)

LAST NAME <b>Stamos</b>	FIRST NAME <b>George</b>	MIDDLE INITIAL	SOCIAL SECURITY NUMBER	TELEPHONE NUMBER
[REDACTED]			[REDACTED]	
			HOW LONG HAVE YOU LIVED AT THIS ADDRESS?	
CITY			STATE	ZIP
WHO REFERRED YOU TO THIS COMPANY?			HOW LONG DID YOU LIVE AT THIS ADDRESS?	
<input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER <input type="checkbox"/> FRIEND <input type="checkbox"/> WALK IN <input checked="" type="checkbox"/> OTHER (DESCRIBE)				

AOP00287

## GENERAL INFORMATION

Are you 18 years of age or older? ☒ Yes ☐ NoHave you ever worked for this company before? ☐ Yes ☒ No If yes, please give dates and position: \_\_\_\_\_Do you have any friends or relatives working here? ☐ Yes ☒ No If yes, Name: \_\_\_\_\_ Relationship: \_\_\_\_\_Do you have a means of transportation that will allow you to consistently arrive at work on time? ☒ Yes ☐ No

In the event you are offered employment and the position involves the possible use of a company vehicle, or the operation of a customer's vehicle, you must have a valid driver's license. Please refer to the positions listed on page four (4) of this application. Positions highlighted in boldface type could involve the use of a company vehicle or the operation of a customer's vehicle and, therefore, require that you have a valid driver's license. After consulting the list on page four (4), please answer the following:

Are you applying for a position with our company that involves the use of a company vehicle or operation of a customer's vehicle?

☐ Yes ☒ No If yes, please answer the following:I have a valid driver's license issued by the State of NS. My driver's license number is [REDACTED]

My license will expire on [REDACTED]

List all computer programs in which you are proficient: \_\_\_\_\_

Can you type? ☐ Yes ☐ No If yes, please state your speed: \_\_\_\_\_ Words per minute.Are you available for work on weekends and evenings, if necessary? ☐ Yes ☐ NoAre you willing to work overtime, if required? ☐ Yes ☐ NoAre you capable of completely performing the SPECIFIC job duties of the position for which you are applying? ☐ Yes ☐ NoCan you meet the SPECIFIC attendance requirements of the job for which you are applying? ☐ Yes ☐ NoDo you currently use illegal drugs? ☐ Yes ☒ NoHave you submitted any letters of recommendation you may have from previous employers? ☐ Yes ☒ NoAdditional comments concerning above information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMERGENCY INFORMATION

In case of an accident or other emergency, who should we contact?

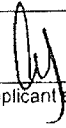
Name ALBINA STAMOS Relationship: WIFEHome address: SAKE Phone: [REDACTED]

Street City State Zip

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer address: \_\_\_\_\_

Street City State Zip

  
Applicant's Initials